

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
<div style="display: flex; justify-content: space-around;"> And 16 I </div> CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.				
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TOTAL IND.	1		6		1				
TOTAL DEP.	17		25		10				
TOTAL CLAIMS	18		31		11				

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* <i>Amend</i> *		* <i>Amend</i> *	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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TOTAL IND.	4		4								
TOTAL DEP.	37		37								
TOTAL CLAIMS	41		41								